



Defense Contract Management Agency

Acquisition Personnel Certification Form

PART A – EMPLOYEE INFORMATION <i>(Employee Complete)</i>		FOR PERSONNEL USE ONLY DAWIA CODING GUIDE
Name (Last, First, Middle Initial) <i>(printed or typed)</i>	Social Security Number	CODE Career Level Achieved _____ Date Career Lvl Achieved _____ Career Level Authority _____
Organizational Code (Activity, Directorate, Division, Branch, etc.)	Date Submitted	
Title, Series, Grade	Primary Acquisition Career Field	

PART B – CERTIFICATION REQUESTED <i>(Employee Complete)</i>	
Request Certification Level/Career Field BUS-FM CAREER FIELD <input type="checkbox"/> Level I _____ <input type="checkbox"/> Level II _____ <input type="checkbox"/> Level III _____	Type of Certification: Is this request for certification: YES NO In your primary career field? ----- <input type="checkbox"/> <input type="checkbox"/> In a secondary career field? ----- <input type="checkbox"/> <input type="checkbox"/> Only Certifications in employee's primary career field are coded in the system. YES NO Keystone Employee? ----- <input type="checkbox"/> <input type="checkbox"/>

PART C – CERTIFICATION ANALYSIS <i>(First Line Supervisor Complete)</i>			
Applicable Standard	Documents Reviewed	<u>MET</u>	<u>NOT MET</u>
Experience	(OF-612, or Resume, or 2 SF-50's)	<input type="checkbox"/>	<input type="checkbox"/>
Education	(Transcripts, or Course Listing)	<input type="checkbox"/>	<input type="checkbox"/>
Training	(DD-1556, or DD 2518 or Course Certificate)	<input type="checkbox"/>	<input type="checkbox"/>

PART D - RECOMMENDING OFFICIAL <i>(First Line Supervisor Complete)</i>			
Name: _____ <i>(printed or typed)</i>	Signature: _____	Org: _____	Date: _____
Endorsing Official (Second Level Supervisor) (if applicable) _____			Date _____

PART E – CERTIFICATION DECISION <i>(Official Delegated Authority)</i>			
Certifying Official's Name: <i>(printed or typed)</i> _____	Approved	Disapproved	
Primary Career Field : _____ Level (Circle One) I III I III III	<input type="checkbox"/>	<input type="checkbox"/>	
Certifying Official's Signature (IAW One Book Chapter 15.6.2.6.) _____ _____ Org _____ Date _____			

PRIVACY ACT STATEMENT: DoD 5000.52-M, 2.D. authorizes collection of this information. The primary use is by management to review, approve, and record your request for DAWIA Certification. Disclosure may be: to DoD when information is required for evaluation of certification administration; to a Federal agency when conducting an investigation on you for employment or security reasons; to Office of Personnel Management or General Services Administration in connection with its responsibilities for records management. Where the employee identification number is your Social Security Number, collection of this information is authorized by EO 9397. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of this request. If DCMA uses this information on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

How to complete this form:

PART A: Provide your (ESCP Member's) requested information. For "Organizational Code", include the office symbol and description (e.g. DCMAC-V, Earned Value Management Center). The "Primary Acquisition Career Field" for most ESCP Members is likely to be "BUSINESS, FINANCIAL MGMT".

PART B: Place an "X" in the appropriate DAWIA BUS-FM level of certification for which you are applying. For ESCP Members at the Entry level, Level 1 BUS-FM certification is required. For ESCP Members at the Journey level, Level 2 BUS-FM certification is required. For ESCP Members at the Expert level, Level 3 BUS-FM certification is required. Next, indicate whether BUS-FM is your primary career field or secondary career field. Finally, indicate whether or not you are a Keystone Program member.

PART C (ESCP MEMBER CONSIDERATIONS): Provide a copy of your latest resume that has been updated to reflect your experience as it pertains to the BUS-FM career field and the three key DCMA EVM functions of EVM Predictive Analysis, EVM System Surveillance, and EVM Compliance Reviews. For BUS-FM, there is no formal education requirement; therefore, the "Education" line item of this form is not applicable when applying for BUS-FM certification. Finally, ensure that you provide scanned copies of all of the required DAU training courses for DAWIA BUS-FM certification. The required courses vary depending on the level of BUS-FM certification being requested. Go to <https://dap.dau.mil/career/bcf/Pages/CertificationFM.aspx> to find a list of the required courses for each DAWIA BUS-FM certification level (Level 1, 2, or 3). After the you have completed Parts A, B, and C, forward this form and all attachments to your Supervisor.

PART C (ESCP MEMBER'S SUPERVISOR): The ESCP Member's Supervisor should review this form and all attachments and indicate whether each "Training" and "Experience" requirement has been "met" or "not met". Note that for BUS-FM there is no formal education requirement; therefore, the "Education" line item of this form is not applicable when applying for BUS-FM certification.

PART D: The ESCP Member's Supervisor should sign and provide the requested information provided that Part C was fulfilled by the ESCP Member. If not, return this form to the ESCP Member and note the deficiencies. Once signed and completed by the Supervisor, the Supervisor should send the completed form and all of the attachments to the ESCP Member's Training Coordinator to be forwarded for final approval in Part E.